

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. AKT311
FILING DATE

APPLICANT(S) 09/700158

CLAIMS

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOT. DEP.	23	→	→	→	
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TOTAL IND.		↓	
TOTAL DEP.		↓	↓
TOTAL CLAIMS		↓	↓